

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

AMEND

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
13	1		1									
14		1		1								
15		1		1								
16		1		1								
17		1		1								
18		1		1								
19		1		1								
20		1		1								
21		1		1								
22		1		1								
23		1		1								
24		1		1								
25		1		1								
26		1		1								
27		1		1								
28		1		1								
29		1		1								
30		1		1								
31		1		1								
32		1		1								
33	1		1		1							
34		1		1								
35		1		1								
36		1		1								
37		1		1								
38		1		1								
39		1		1								
40		1		1								
41		1		1								
42		1		1								
43		1		1								
44		1		1								
45		1		1								
TOTAL IND.	17			13								
TOTAL DEP.	126	126	126	69	69	69						
TOTAL CLAIMS	143	143	143	82	82	82						

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							APPLICANT(S)			
							CLAIMS			
1	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.				
101	5						51	1		
102	4						52	1		
103	4						53	1		
104	1						54	1		
105	1						55	1		
106	1						56	1		
107	1						57			
108	1						58			
109	1						59			
110	1						60			
111	3						61			
112							62			
113							63			
114							64			
115	1						65			
116	1						66			
117							67			
118	1						68			
119							69			
120	1						70			
121							71			
122							72			
123							73			
124							74			
125							75			
126							76			
127							77			
128							78			
129	1						79			
130	1						80			
131	1						81			
132	1						82			
133	1						83			
134	1						84			
135	1						85			
136	1						86			
137	1						87			
138	1						88			
139	1						89			
140	1						90			
141	1						91			
142	1						92			
143	1						93			
144	1						94			
145	1						95			
146	1						96			
147	1						97			
148	1						98			
149	1						99			
150	1						100			
TOTAL IND.							TOTAL IND.			
TOTAL DEP.							TOTAL DEP.			
TOTAL CLAIMS							TOTAL CLAIMS			